

## **SUPPLEMENT G: COMMUNICATION**

North Carolina Department of Health and Human Services, Division of Public Health

### **I. Goals**

This plan describes the activities that are taking place or will take place in preparation and response to a possible SARS outbreak in North Carolina. This plan identifies information necessary for major planning, preparedness, and communication response activities of state and local health departments (LHDs) and provides guidance for coordinating efforts with CDC and other entities. The goals of this plan are to provide local and state communication specialists with suggestions and guidance to:

- Instill and maintain public confidence in the state's public health system and its ability to respond to and manage a SARS outbreak;
- Maintain order, minimize public fear, and facilitate public protection by rapidly providing accurate and complete information (that does not compromise patient confidentiality); and
- Prevent stigmatization and address rumors, inaccuracies, and misperceptions as quickly as possible.

### **II. Pre-event Activities**

In the absence of SARS, state and local-level public health offices need to prepare and disseminate messages to encourage vigilance for the possible reappearance of SARS-CoV and to specify activities to prevent its spread. At the state level, public information officers will assess communication needs and capacity, develop criteria and procedures for requesting CDC communications assistance, and develop mechanisms for coordinating the activities of on-site CDC communications experts with local/state communication resources.

At the local level, communication personnel (or those tasked with communications responsibilities) should assess communication needs and capacity, develop criteria and procedures for requesting state communications assistance, and develop mechanisms for coordinating the communication activities with the state. If SARS-CoV transmission is confirmed, the community will look to state and local health departments as an information resource. Public information officers should be prepared for the surge of requests and inquiries generated by reports of SARS activity.

#### **Objective 1: Readiness**

##### **Activities**

1. **Assessment of healthcare providers' information needs.** It is recognized that many healthcare providers lack experience with SARS and need information of diagnoses, reporting, and managing cases. Epidemiology staff will assess healthcare provider's knowledge about surveillance and reporting, diagnostics, transmission, exposure management, and issues such as concern for self-protection and possible use of quarantine and isolation. Public information staff will assist epidemiology staff as needed to develop appropriate materials for healthcare providers.
2. **Assessment of the general public's information needs.** It is recognized that public perceptions about SARS may reflect misunderstandings and inaccuracies that can exacerbate fears and may impede containment efforts. The state's Office of Public Health Preparedness and Response (PHP&R) is conducting public surveys and focus groups to assess the public's and the media's understanding of the SARS issue, disease outbreaks in general, and bioterrorism issues. Scheduled for completion by January, information from these surveys will help guide efforts to prepare public information products and strategies.

3. **Evaluation of logistical issues that influence communication effectiveness.**

- a. Adequacy of printing/graphic design contracts and resources to meet emergency needs.  
NC DHHS uses the state Department of Correction's printing operation (Correction Enterprises) as its primary printing resource. DHHS also has an account with NC State University's University Graphics for printing. The department's Office of Purchasing and Contracts also maintains a list of private vendors that can be utilized if these resources are unable to accommodate a print job for reasons of size, speed, or format.  
NC DHHS has two full-time graphic artists who can be tasked to deal with any SARS-crisis graphic needs. In addition, NC DHHS has cooperative agreements with other departments' public information staff for additional staff as needed.
- b. Availability of cell phones, email equipment, and laptops needed by communication staff at the time of deployment.  
Because of the nature of North Carolina's public health system (local health departments are autonomous county government operations) most SARS communications at the local level will be addressed by LHD staff. However, the NC DHHS Public Affairs Office and PHP&R maintain assigned and "pool" cell phones and laptops that can be used for PIO deployment if necessary. In such situations email and computer-generated documents will still be distributed through either the DHHS PAO, the Public Health Command Center (PHCC), or the local health department.
- c. Capacity of hotlines and web servers to accommodate increased use.  
Hotline services are maintained primarily by the NC DHHS Office of Citizen Services. This office maintains a referral service (Care-Line) that operates as a hotline for citizen queries either during regular hours or 24/7 as the situation dictates. In the event of an extreme emergency this operation seamlessly merges with the Governor's Hotline which can also operate on a 24/7 basis. Increased demand on web services is addressed through the use of multiple staff resources within the department and redundant server back ups.
- d. Availability of emergency personnel to staff hotlines and communication centers for extended hours and days. Both the Care-Line and the Governor's Hotline train and maintain lists of volunteers to call upon in times of emergency.
- e. Adequacy of training in risk communication, media relations, and SARS epidemiology, clinical features, diagnostics, and surveillance. Risk communication and media relations training for LHD employees and Public Health Regional Surveillance Teams (RSTs) takes place at several levels and venues on a continuing basis. Training associated with SARS epidemiology, clinical features, diagnostics, and surveillance and conducted by the General Communicable Disease Control Branch (GDCB) to LHD staff directly and via the RSTs (a resource to LHDs).
- f. Adequacy of staffing needs for public affairs efforts.  
The DHHS Public Affairs Office has seven public information officers. In the event of a SARS-crisis, public information officers that normally deal with other departmental issues will be tasked to deal with SARS. (See detailed DHHS Public Affairs Crisis Communication Plan, Appendix G-1.) These resources include a webmaster and a bilingual Spanish/English public information officer. All seven staff have been cross-trained to deal with public health issues. DHHS Public Affairs Office has an agreement with other state departments to use public information officers from those offices as needed. The Office of Public Health Preparedness and Response has one public information officer; in the event of a SARS-crisis, this PIO would also be tasked to deal with SARS.

**Objective 2: Rapid Communication Response**

**Activities**

1. **Preparations for Managing Media Demands.** NC DHHS recognizes that the first jurisdiction with possible or confirmed cases of SARS can expect a deluge of media attention. Given the state's recent history in dealing with emergency health crises such as SARS, West Nile Virus, various hurricanes, and the anthrax crisis, the PAO has a great deal of experience in handling high profile media situations. In addition, the recent development of the Public Health Command Center with its complementary

public information resources bolsters the PAO's media response capacities. Finally, NC DHHS has an agreement with the state Division of Emergency Management to activate the state Joint Information Center (JIC) if public information/media demands so necessitate. The JIC can be activated by a request from the State Health Director (SHD) even if the state's Emergency Operations Center has not been activated.

The North Carolina Public Health Crisis Communication Plan (PHCCP), which applies to any case of unusual illness, calls for the PAO to be in constant communication with the CDC Office of Communications. As with past issues, future contact will be maintained constantly via telephone communications, e-mail, and sharing of all news releases before distribution to the media. Either the PAO or the PHCC, depending on space availability, will accommodate CDC communication staff traveling to North Carolina during major events.

- 2. Development and Coordination of Educational Materials.** The PAO has created and maintains a portfolio of communication, information, and education sources and materials on topics including clinical and laboratory diagnostics, infection control, isolation and quarantine, stigmatization management, travel control authority, legal issues and agencies' roles and responsibilities. This information is reviewed and changed as appropriate as new information become available.
  - a. The PAO works with the GCDB on a continuing basis to develop and present formal educational curricula and materials in multiple formats for professional audiences.
  - b. In accordance with the PHCCP, the PAO coordinates with partner agencies on a continuing basis whenever preparing materials and/or responding to SARS or any other potential disease outbreaks.
  - c. Protocols for communicating data on a daily basis are established in the PHCCP. The reporting of such information will be coordinated with the CDC Director's Emergency Operations Center (DEOC) and CDC's Emergency Communications System as appropriate.
- 3. Review and Clearance Protocol for SARS Messages and Materials.** NC DHHS policy calls for all information created for public awareness or education to be reviewed and approved by the PAO and subject matter experts prior to production and distribution. In addition, news releases created during a crisis must also be reviewed by the State Health Director or designee before distribution. If a news release concerns a particular local health department or a particular hospital (or other such "named" entity), then the release will be submitted to staff from those entities for review.
- 4. Designation of a Spokesperson.** The State Health Director is to be the primary spokesperson during any case or outbreak of SARS. Subject matter experts to assist the SHD include the State Epidemiologist, the director of the State Public Health Laboratory, the head of the Immunization Control Branch, and the head of the PHP&R office. Others will be identified and included as necessary. All of the individuals listed above have received training in media relations and risk communication. Additional refresher training will be conducted periodically.
- 5. Web site Development.** NC DHHS maintains and updates an extensive public health web site with both on-site and off-site resources and links. Department policy calls for new information regarding outbreaks to be posted and linked as it is developed. DHHS has several server locations where information can be posted and several staff members capable of posting it.
- 6. Hotline (Care-Line).** As stated previously, NC DHHS maintains a hotline that can be pressed into 24/7 service. Staff and volunteers are trained to handle calls and make referrals.
- 7. Activation of Emergency Operations.** The protocols and conditions for declaring a public health emergency and activating the State Emergency Operations Center are incorporated into the state's Emergency Operations Plan and outlined under Annex B, Appendix 7. Protocols for activating the

Public Health Command Center independent of a state declaration are reviewed in Supplement A: Command and Control.

- 8. Facilitating CDC PIOs in the field.** The NC DHHS PAO is the lead agency for coordinating CDC PIOs being deployed to specific locations in North Carolina. The PAO will work with PHP&R and the RSTs to create a specific protocol.

### **Objective 3: Increasing SARS Knowledge and Awareness**

#### **Activities**

- 1. Preparation of Public and Professional SARS Awareness Information.**

The PAO has prepared and maintains SARS messages and materials to be disseminated before the SARS season and during an event. The office monitors CDC HAN Alerts and notices regarding travel advisories and alerts, infection control measures, patient management strategies, community containment measures including quarantine, and laboratory diagnostics. Such information is reviewed with the State Epidemiologist and the GCDS and passed on to the media and the public as warranted. The PAO and the PHP&R Communication Coordinator are reviewing state quarantine and isolation regulations and establishing education materials (FAQs, Q&As, etc.) for public education efforts.
- 2. Channels of Message Distribution.**

NC DHHS will use a variety of approaches to increase the level of knowledge about SARS, including the posting of information and related links on the Internet, pitching story ideas and providing updates to the media, and collaborating with professional and civic organizations to raise awareness. Information will specifically be targeted to healthcare providers, public health officials, policy makers, and other local partners. Message distribution will in large part be determined following the Epi Section Information Management Matrix (Appendix G-2).
- 3. Rapid Release of Information.**

NC DHHS is prepared to immediately address questions related to the initial case(s) and to provide guidance to the public regarding disease susceptibility, diagnosis, and management. During the event case counts will be continually updated and placed into context through the use of regular media briefings. Information distribution will adhere to the Epi Message Matrix.
- 4. Addressing Complex Questions.**

As is the case with most newly emerging microbial agents, most healthcare providers have never seen a case of SARS and will be relying on state/local health departments to provide needed information rapidly. Emerging information will be distributed to health and medical professionals through various pre-established channels created and maintained by the PAO and PHP&R staff. These channels include, but are limited to:

  - CD nurses
  - Child Care Providers (via e-mail, web site, letters to providers)
  - Critical Care Pulmonary Physicians Association
  - Emergency Medical Services Administrators  
Emergency Medical Services Rescue  
Foreign Adoption Agencies
  - Hospitals  
Local Health Directors
  - Medical labs
  - Medicaid providers
  - NAPNAP
  - NC American Academy of Family Practitioners
  - NC Board of Nursing
  - NC Board of Pharmacy

- NC College of Emergency Physicians  
NC College of Internal Medicine
- NC Dental Society
- NC Hospital Association (to share with their clinicians)
- NC Infectious Diseases Society
- NC Lung Association
- NC Medical Board  
NC Medical Society  
NC Pediatric Society  
Nurse Practitioners Association
- Old North State Medical Society
- Physician's Assistants
- PHRSTs
- Public Schools (DPI and NC Healthy Schools initiative and web site)
- SPICE  
University/College student health centers  
WebMD

**5. Translation of Informational Products.**

Spanish is North Carolina's predominant second language. NC DHHS maintains in-house and outside resources for translating news releases and educational materials into Spanish. The department also has access to translation resources in several other languages via the state's university system if needed. The PAO will seek help from CDC for translations that cannot be conducted within this structure.

### **III. Communications Activities in the Presence of SARS**

#### **Objective 1: Coordination of local, state and national communications efforts.**

##### **Activities**

**1. Federal Telebriefings.**

It is essential that NC DHHS that the PAO contact and stay in close consultation with the CDC Office of Communications to ensure a consistent and accurate communications response.

**2. Field JIC.**

The NC DHHS PAO recognizes the fact that in the event of a widespread SARS outbreak it may be necessary to establish a Joint Information Center (JIC) in field locations where outbreak(s) are occurring and that most state and local jurisdictions currently have plans in place to facilitate such an installation if necessary.

In situations that do not necessitate activation of the state's EOC and supporting JIC the NC DHHS PAO will serve as the JIC. The PAO is currently reviewing the need for field JICs and working to establish protocol. If necessary, it is expected that the RSTs will help coordinate this capacity with the county(ies) affected during an outbreak. In such an event it is understood that the JIC will become operational at the beginning of an HHS-wide federal response to the outbreak and will consist of representatives from all local, state, and federal agencies involved in the outbreak response. The CDC Director's Emergency Operations Center (DEOC) will coordinate CDC's interface with the JIC.

**3. Interaction with the CDC Emergency Communication System.**

The NC DHHS PAO will interact, as appropriate, with CDC's Emergency Communication System (ECS). It is understood that once SARS activity is confirmed, the CDC will activate its ECS to serve as a resource to state and local communications personnel and coordinate the federal

public health communication response. The PAO understands that the ECS will direct all CDC SARS-related communication activities, including communication strategy development, key message development, CDC web site management, materials development and dissemination, national media relations, media monitoring, and all other national communication components. Some ECS staff will be designated to focus on national level issues, whereas others will coordinate field personnel. The ECS will fully support JIC activities. (The PAO has reviewed the information regarding JIC operation provided in the draft plan's Appendix G-1.)

**4. Interaction with Federal Communication Liaisons.**

The NC DHHS PAO will interact, as appropriate, with federal communication liaisons and encourages participation at the local level. (The PAO has reviewed the information regarding JIC operation provided in the draft plan's information on this subject in the draft plan's Appendix G2.)

**5. Message Consistency.**

NC DHHS recognizes the importance of making sure information issued by federal, state, and local health officials are coordinated and provide consistent messages.

**Objective 2: Keeping communications staff at all levels prepared and informed.**

**Activities**

**1. SARS Library**

The NC DHHS PAO has developed a "library" of SARS-related material for reference. These materials are updated as new information is developed. The PAO will make these SARS resources available to the RSTs and the local health departments. In maintaining this resource it is recognized that the HAN Alerts and the CDC's web site offers the most up-to-date official information. The PAO regularly visits the CDC SARS web site for updated guidance, protocols, news releases, travel advisories, and educational materials in other languages.

**2. SARS Resources Booklet**

The PAO is studying the possibility of equipping all communications staff with a resource booklet identifying web sites relating to SARS. The PAO is also looking at whether it is possible for the department's IT section to bookmark these links on staff members' workstations.

**3. Hard Copy Field Resources**

The PAO is studying the possibility of maintaining a library of relevant articles and publications in hard copy for use during field operations.

**4. Community-Specific Materials**

It is PAO policy to consider the needs of each community when developing materials for public education and distribution. Such materials must accommodate language needs and cultural aspects of the affected community.

**5. Hotline Feedback**

NC DHHS recognizes that fact that hotlines can provide ongoing guidance on new messages and materials that need to be developed to respond to public inquiries and concerns. During outbreaks or other adverse public health events the Care-Line (see the "Readiness" section above) provide the PAO with reports on a daily basis or as requested.

**6. Local-Level Communication Coordination.**

The PAO recognizes the importance of coordinating and maintaining communication with local partners, such as:

- Public affairs directors and PIOs from local and state health departments.
- City and state government public affairs offices.

- Local congressional delegation and offices.
- Local police and fire departments and emergency management officials.
- Regional HHS health officers and regional Office of Emergency Preparedness.
- Local hospital public relations/affairs departments.
- State and local Emergency Operations Center coordinators.
- Federal Emergency Operations Centers.

The PHP&R Communication Coordinator has been tasked with establishing regional communication groups that comprise, as much as possible, communicators from the list above. These groups will be tasked with meeting on a regular basis to facilitate public health communications goals and activities. The establishment of these groups will create a statewide network of PIOs for distributing and exchanging information during an event.

### **Objective 3: Communicating key messages and providing up-to-date SARS information.**

#### Activities

##### **1. Federal Telebriefings**

NC DHHS recognizes the importance of participating in federal agency telebriefings and satellite broadcasts on SARS. A PIO from the department PAO and/or the PHP&R office will participate in all calls as they are announced.

##### **2. Web Materials**

The PAO recognizes the importance of providing web-accessible materials on SARS and has established internal protocol for posting of such information. The department has multiple staff resources and several server locations from which the information can be posted.

##### **3. Local Partners**

The PAO recognizes the importance of utilizing local resources such as the American Lung Association and other organizations that can be helpful in disseminating educational messages to the community. Relationships with the state level offices of these organizations are well established and continue on an ongoing basis. Development of relationships and the local chapters will be fostered through the local communications groups (see above).

##### **4. Web-Based Information management**

The NC DHHS recognizes the importance of, and has long utilized, web sites as a central component in managing information requests from the public. It also utilizes strategically designed web sites to organize and quickly provide information, updates, fact sheets, responses to frequently asked questions, healthcare provider resources, and media materials to a range of audiences. The appropriate use of the web for distributing specific information to specific audiences is outlined in the Epi Message Matrix.

##### **5. Travel Advisories**

Because travel and tourism is a major North Carolina industry the NC DHHS is particularly aware of the need for detailed travel information. PAO policy calls for the immediate posting to the media detailed information relevant to travel. When appropriate, the PAO works with the state's Travel and Tourism Office to distribute information regarding disease outbreaks and any impact of travel. The PAO also provides that information to the CDC communications Office.